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**12**

Number of Pages (including this page)

Date: October 25, 2005

To: Alexander Jamal - 2643

Location: United States Patent and Trademark Office

Fax No.: 571-273-8300

From: Valerie M. Davis - 50,203

Subject: 10/052,800- Sanders, et al.

Confirmation No.: 3213

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**MESSAGE:**

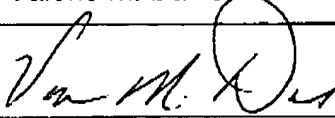
Enclosed herewith, please find an AMENDMENT in response to FINAL OFFICE ACTION for filing in the above-identified application.

|                                                                                                        |                        |                  |  |
|--------------------------------------------------------------------------------------------------------|------------------------|------------------|--|
| <b>TRANSMITTAL<br/>FORM</b><br><small>(to be used for all correspondence after initial filing)</small> | Application Number     | 10/052,800       |  |
|                                                                                                        | Filing Date            | October 29, 2001 |  |
|                                                                                                        | First Named Inventor   | Sanders, et al.  |  |
|                                                                                                        | Group Art Unit         | 2643             |  |
|                                                                                                        | Examiner Name          | Alexander Jamal  |  |
| Total Number of Pages in this Submission                                                               | Attorney Docket Number | CM04263H         |  |

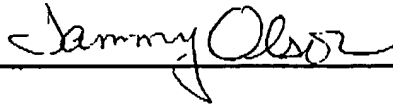
  

| ENCLOSURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (check all that apply) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Response to Final Amendment<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/Declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Documents<br><input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Response to Missing Parts<br>Under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-Related papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation,<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CDs _____ | <input type="checkbox"/> After Allowance Communication to a<br>Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter with appropriate copies<br><input type="checkbox"/> Other Enclosure(s) (please identify below) |                        |
| Remarks<br>X Facsimile Transmittal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                                                                     |                  |        |
|--------------------------------------------|-------------------------------------------------------------------------------------|------------------|--------|
| Firm or Individual                         | Valerie M. Davis                                                                    | Registration No. | 50,203 |
| Signature                                  |  |                  |        |
| Date                                       | October 25, 2005                                                                    |                  |        |

| CERTIFICATE OF TRANSMISSION/MAILING                                                                                                                                                                                                                                                                                         |                                                                                     |      |                  |
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| Typed or printed name                                                                                                                                                                                                                                                                                                       | Tammy Olson                                                                         |      |                  |
| Signature                                                                                                                                                                                                                                                                                                                   |  | Date | October 25, 2005 |

Appl. No. 10/052,800  
Amdt. Dated October 25, 2005  
Reply to Office Action of 03/04/05

Docket No. CMD4263H  
Customer No. 22917

## UNITED STATES PATENT AND TRADEMARK OFFICE

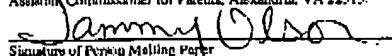
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APPLICANT(S) Sanders, et al. GROUP ART 2643  
UNIT:  
APPLN. NO.: 10/052,800 EXAMINER Alexander Jamal  
FILED: October 29, 2001 Confirmation No. 3213  
TITLE: SERVICE MANAGEMENT AGENT FOR MANAGING THE  
PROVISION OF DIFFERENT SERVICES TO A COMMUNICATION  
DEVICE

Certificate of Mailing

Date of deposit: October 25, 2005

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Signature of Person Mailing Paper

Timothy Olson  
Printed Name of Person Mailing Paper

AMENDMENT

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action dated 08/25/05, Paper No. 20050817, please reconsider the above-identified application in view of the following amendments, remarks and arguments.

Amendments to the claims are reflected in the Listing of Claims that begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.